It is form complies with the statutory requirement set forth in IC 5-2-15-3.

Date.	<u>95-01-07</u>	Address:	<u>1532 E CR 650 N</u>
Case #:	<u>32-27579</u>		Shelburn, IN
County:	Sullivan		<u>47,879</u>
Type of Laboratory Seizure (check one) Scizure Location (check all that apply)			
 □ Operational Lab □ Chemical/Glassware/Equipment (only) □ Dumpsite (only) 		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Detached garage			
Water Reactive Metal (Lithium): Detached garage			
Anhydrous Ammonia: Detached garage			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Detached garage			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one)		 Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: search warrant 	
This report	is to be faxed to the following agen	cies that serve the lo	cation:
Fire Departr	nent: <u>Shelbum VFD</u>	Fax: <u>UNK</u>	
Health Department: Sullivan County		Fax: <u>812-268-0224</u> Fax: <u>812-268-</u> 6452	
Child Protec	ction Service: Sullivan County	1 uz. <u>012-20</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>J.D. Goldner / 5228</u> Phone (812)299-1153			

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention,

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.